

12/20/01

JC678 U.S. PTO

12-31-01

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Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **P105 CON 3**First Inventor or Application Identifier **Matthew J. Birdsall**Title **Profiled Stent and Method of Manufacture**Express Mail Label No. **EV 005741809 US****APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patent  
Box Patent Application  
Washington, DC 20231

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2. ☒ Specification [Total Pages **24**]  
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **8**]

4. Oath or Declaration [Total Pages **2**]

- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 C.F.R. 1.63(d))  
(for continuation/divisional with Box 16 completed)
- i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. 1.63(d)(2) and 1.33(b).

\* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. 1.27), EXCEPT  
IF ONE FILED IN A PRIOR APPLICATION IS RELED UPON (37 C.F.R. 1.28).

5. ☐ Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \* Small Entity Statement(s) ☐ Statement filed in prior application  
(PTO/SB/09-12) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15. ☒ Other: See 1 in Addendum

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: **09/608,882**Prior application information: Examiner **M. Thaler**Group / Art Unit: **3731**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

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or ☐ Correspondence address below

Name	<b>28390</b>			
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Country	Telephone	Fax		

Name (Print/Type)	<b>Michael J. Jaro</b>	Registration No. (Attorney/Agent)	<b>34,472</b>
Signature		Date	<b>12/19/01</b>

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1. - Declaration re Revocation Power of Attorney

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="margin: 0;"><i>Patent fees are subject to annual revision</i></p> <p style="margin: 0;">Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12 See 37 CFR. 1.27 and 1.28.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Matthew Birdsall</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td>1</td></tr> <tr><td>Attorney Docket No.</td><td>P105 CON 3</td></tr> </table>		Application Number		Filing Date		First Named Inventor	Matthew Birdsall	Examiner Name		Group / Art Unit	1	Attorney Docket No.	P105 CON 3
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TOTAL AMOUNT OF PAYMENT		(\$) <b>878.00</b>													

<p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to</p> <p>Deposit Account Number: <b>01-2525</b></p> <p>Deposit Account Name: <b>Medtronic AVE, inc.</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Michael J. Jaro	Registration No. (Attorney/Agent)	34,472
Signature		Telephone	566-1746
		Date	12/19/01

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